

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original first and joint inventor (if plural names are listed below) of the subject matter for which a patent is sought on the invention entitled:

Streptococcus phocae vaccine

the specification of which [CHECK ONE]

[] is attached hereto.

[] was filed on _____ as Application Serial No. _____ and was amended on _____ [if applicable].

[X] was filed under the Patent Cooperation Treaty on 01 Dec- 2004, Serial No. PCT/EP2004/053201, the United States of America being designated.

[] and amended by letter of _____ to the International Preliminary Examining Authority as reported in the International Preliminary Examination Report completed _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claim(s), as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability as defined Title 37, Code of Federal Regulations Section 1.56 (a).

I hereby claim foreign or provisional application priority benefits under Title 35, United States Code, Section 119 of any foreign or provisional application(s) for patent or inventor's certificate listed below and have also identified below any foreign or provisional application(s) for patent or inventor's certificate having a filing date before that of the application(s) on which priority is claimed:

Prior Application(s)			Priority claimed
03104529.7	EP	03/12/2003	Y
Number	Country	Day/Month/Year filed	[y/n]
Number	Country	Day/Month/Year filed	[y/n]
Number	Country	Day/Month/Year filed	

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION
(Continuing page)

Invention Title: **Streptococcus phocae vaccine**

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application(s) in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application.

(U.S. Serial No.)	(Filing Date)	(Status – patented, pending abandoned)
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(U.S. Serial No.)	(Filing Date)	(Status – patented, pending abandoned)
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And I hereby appoint as principal attorney, William M. Blackstone, Registration No. 29,772, David M. Gryte, Registration No. 41,809, Aaron L. Schwartz, Registration No. 48,181 as patent attorneys.

Please address all communications to:

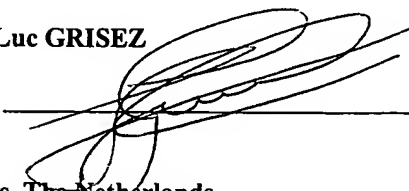
Customer No.: 31846
William M. Blackstone
INTERVET INC.
Patent Department
29160 Intervet Lane
P.O. Box 318
Millsboro, DE 19966

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION
(Continuing page)

Invention Title: **Streptococcus phocae vaccine**

Full name inventor: **Luc GRISEZ**

Inventor's signature: 

Date: 10/05/06

Residence: **Maashees, The Netherlands**

Citizenship: **Dutch**

Post Office Address: **Rieterweg 33
5823 AL Maashees
The Netherlands**

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION
(Continuing page)

Invention Title: **Streptococcus phocae vaccine**

Full name of inventor: **Ruud Philip Anton Maria SEGERS**

Inventor's signature:  Date: 24-4-06.

Residence: **Boxmeer, The Netherlands**

Citizenship: **Dutch**

Post Office Address: **Groenling 3
5831 MZ Boxmeer
The Netherlands**

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION
(Continuing page)

Invention Title: **Streptococcus phocae vaccine**

Full name of inventor: **Chow Yong NG**

Inventor's signature: _____ Date: _____

Residence: **Singapore, Singapore**

Citizenship: **Singaporean**

Post Office Address: **Blk 348
#04-16 Clementi Ave. 5
Singapore
120348 Singapore**

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Please address all communications to:

Customer No.: 31846
William M. Blackstone
INTERVET INC.
Patent Department
29160 Intervet Lane
P.O. Box 318
Millsboro, DE 19966

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(Continuing page)

Invention Title: **Streptococcus phocae vaccine**

Full name inventor: **Luc GRISEZ**

Inventor's signature: _____ Date: _____

Residence: **Maashees, The Netherlands**

Citizenship: **Dutch**

Post Office Address: **Rieterweg 33
5823 AL Maashees
The Netherlands**

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION
(Continuing page)

Invention Title: **Streptococcus phocae vaccine**

Full name of inventor: **Ruud Philip Antoon Maria SEGERS**

Inventor's signature: _____ Date: _____

Residence: **Boxmeer, The Netherlands**

Citizenship: **Dutch**

Post Office Address: **Groenling 3
5831 MZ Boxmeer
The Netherlands**

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION
(Continuing page)

Invention Title: **Streptococcus phocae vaccine**

Full name of inventor: **Chow Yong NG**

Inventor's signature: _____



Date: _____

19/4/06

Residence: **Singapore, Singapore**

Citizenship: **Singaporean**

Post Office Address: **Blk 348**

#04-16 Clementi Ave. 5

Singapore

120348 Singapore